

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rosario, Trinidad (ARCH)	CHAPTER 100.1
Address: 372 Pakauwili Drive, Wahiawa, Hawaii 96786	Inspection Date: March 2, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-OHCA
STATE LICENSING
MAY 11 21
P2 58

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-8 Primary care giver qualifications. (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current; FINDINGS Primary Care Giver (PCG) and Substitute Care Giver (SCG) – No documentation of continuing education hours.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>every week, I cleaned, mopped the floor with clorox, and wipe and sanitize the counter. I cleaned and mopped and wipe the vacant room.</i></p> <p><i>Corrected; see enclosed copy. 5/5/21</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: right;">21 MAY 11 PM 2:58</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-8 Primary care giver qualifications. (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current. FINDINGS PCG and SCG – No documentation of continuing education hours.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, I will continue to attend an inservice training of continuing education for care home operator, at least 6hrs a year before inspection.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p>	<p style="text-align: right;">5/5/21</p> <p style="text-align: right;">21 MAY 11 PM 2:58</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> Household Member (HM) – No tuberculosis clearance. Please send copy with Plan of Correction.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>See enclosed copy.</i></p>	<p style="text-align: center;">5/4/21</p>


STATE OF HAWAII
DOH-ORCA
STATE LICENSING

21 MAY 11 PM 2:58

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> Household Member (HM) – No tuberculosis clearance. Please send copy with Plan of Correction.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future I will make sure to that all family members and that resides in the care home, shall have an annual documented evidence of T.B. Clearance.</p>	<p style="text-align: right;">5/4/21</p> <p style="text-align: right;">21 MAY 11 PM 2:58</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports: (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; FINDINGS Resident #1 – Tuberculosis clearance was not signed or dated by MD. Please send copy with Plan of Correction.	<div data-bbox="1149 1035 1289 1654"> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p><u>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</u></p> </div> <div data-bbox="912 987 1015 1522"> <p><i>See enclosed copy;</i></p> </div> <div data-bbox="354 1644 555 1724"> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> </div>	<div data-bbox="305 1785 584 1822"> <p>21 MAY 11 P12:58</p> </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; <u>FINDINGS</u> Resident #1 – Tuberculosis clearance was not signed or dated by MD. Please send copy with Plan of Correction.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, I will make sure that all necessary papers must be sign by physicians before I leaved the doctors office.</i></p>	<p style="text-align: right;"><i>3/25/21</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING 21 MAY 11 PM 2:58</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (b)(1)(A) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. Housekeeping: A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises; <u>FINDINGS</u> House overall needs to be swept and mopped and surfaces wiped down. Floors were dirty and counters needed wiping. Vacant room and its bathroom were covered in bug droppings.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"> <i>Every week, I cleaned, swept and mopped the floor with elbow and water. I wipe and sanitize the table and counter. In the vacant room I cleaned and mopped, and removed the bug droppings.</i> </p> <div style="text-align: right;">  </div>	<p style="text-align: right;">21 MAY 11 PM 2:58</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (b)(1)(A) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. Housekeeping: A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises; FINDINGS House overall needs to be swept and mopped and surfaces wiped down. Floors were dirty and counters needed wiping. Vacant room and its bathroom were covered in bug droppings.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future I will continue to clean every week and when it is needed necessary. I will to ensure to clean and mopped the floor, wipe & sanitize the counter as my implemented routine for cleaning.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: right;">4/15/21</p> <p style="text-align: right;">21 MAY 11 PM 2:58</p>

Licensee's/Administrator's Signature:

Trinidad N. Rosario

Print Name:

Trinidad N. Rosario

Date:

5/6/21

STATE OF HAWAII
DOM-CHCA
STATE LICENSING

21 MAY 11 PM 2 58